

Scottsdale Insurance Company **National Casualty Company**
 Scottsdale Indemnity Company **Scottsdale Surplus Lines Insurance Company**
 1-800-423-7675 • Fax (480) 483-6752

HOMEOWNER APPLICATION

Agency Name: Address: Phone: Fax: E-mail:		Applicant's Name: Mailing Address: City: ST: Zip: County:		
Code:	Subcode:	E-mail:	Phone No.:	Bus. Phone No.:
Agency Customer ID:		Effective Date:		Expiration Date:

APPLICANT INFORMATION

Previous Address (If less than three years) Years at Previous Address:		Location of property if different from above:		
Street:		Street:		
City: ST: Zip:		City: ST: Zip: County:		
Applicant's Occupation (State nature of business if self-employed):		Marital Status	DOB	Applicant's Employer Name and Address:
Co-Applicant's Occupation (State nature of business if self-employed):		Marital Status	DOB	Co-Applicant's Employer Name and Address:

COVERAGES/LIMITS OF LIABILITY

PREMIUM

HO Form	Dwelling	Other Structures	Personal Property	Loss of Use	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium	\$
							Deposit	\$
	\$	\$	\$	\$	\$	\$	Balance	\$

Deductible Type and Amount: All Perils: \$ _____ Wind/Hail: \$ _____ Named Storm: \$ _____ Other: \$ _____

ENDORSEMENTS/ADDITIONAL COVERAGES

<input type="checkbox"/> Replacement Cost Dwelling <input type="checkbox"/> Water Back-Up Limit: \$ _____ <input type="checkbox"/> Replacement Cost Contents <input type="checkbox"/> ERC (Extended Replacement Cost) <input type="checkbox"/> Personal Injury (Primary Owner Only)	<input type="checkbox"/> Identify Fraud <input type="checkbox"/> Earthquake Zone: _____ <input type="checkbox"/> Water Back-up Limit: \$ _____ <input type="checkbox"/> Ordinance or Law	<input type="checkbox"/> Workers Comp (CA and NY) <input type="checkbox"/> Tenant Relocation (MA only) <input type="checkbox"/> Other: _____
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PAYMENT PLAN

Billing: Insured Mortgagee Agency Bill

RATING/UNDERWRITING

Year Built	Purchase Date	Construction Type		Structure Type	Usage Type	Occupancy	No. Stories	Windstorm Loss Mitigation Features
		<input type="checkbox"/> Frame <input type="checkbox"/> Modular Home <input type="checkbox"/> Masonry <input type="checkbox"/> EIFS <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Log Home <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Hand-hewn <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Milled <input type="checkbox"/> MFG/Mobile Home <input type="checkbox"/> Other: _____		<input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-op	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm <input type="checkbox"/> COC/Reno Completion Date: _____	<input type="checkbox"/> Owner <input type="checkbox"/> Unoccupied <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant		<input type="checkbox"/> Hurricane <input type="checkbox"/> Straps <input type="checkbox"/> Hurricane <input type="checkbox"/> Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass
	Square Feet Replacement Cost \$ Market Value \$					No. Weeks Rented: _____	No. Families No. H/H Residents	
Territory Code	Protection Class	Distance To		Protection Device Type			Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts	
		Hydrant	Fire Station	System	Smoke	Temp	Burglar	<input type="checkbox"/> Deadbolt <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial
		FT	MI	Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide
Fire District/Code No.: /				Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Updates	Partial	Complete	Year	Details		
Wiring	<input type="checkbox"/>	<input type="checkbox"/>		Circuit Breakers: <input type="checkbox"/> Yes <input type="checkbox"/> No Aluminum: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fuses: <input type="checkbox"/> Yes <input type="checkbox"/> No Knob and Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of AMPS
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC Other: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Heating	<input type="checkbox"/>	<input type="checkbox"/>		Primary: _____ Woodstove? <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary: _____ Portable Space Heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None
Roofing	<input type="checkbox"/>	<input type="checkbox"/>		Roof Type / Material: _____ Condition of Roof: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No Exclude Roof? <input type="checkbox"/> Yes <input type="checkbox"/> No		

LOSS HISTORY

Any losses, whether or not paid by insurance, in the last three years, at this or any other location? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate below:				
DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID/RESERVED	OPEN / CLOSED
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

PRIOR/CURRENT COVERAGE

Prior carrier/Current carrier:	Policy number:	Expiration date:
If lapse or no prior coverage, provide explanation:		

GENERAL INFORMATION

Explain all "Yes" responses in the "Remarks" section	YES	NO	Explain all "Yes" responses in the "Remarks" section	YES	NO
1. Any business conducted on premises? (Including farms, day care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	11. Distance to tidal water: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet	<input type="checkbox"/>	<input type="checkbox"/>
2. Any residence employees? Number and type of full time and part time employees:	<input type="checkbox"/>	<input type="checkbox"/>	12. Is property situated on more than five acres? No. of acres: _____ Describe land use: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Any brush, flooding, forest fire hazard, landslide, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	13. Other structures on premises? (barns, sheds, etc.) If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other residences owned, occupied or rented?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Any other insurance with this company? List policy numbers:	<input type="checkbox"/>	<input type="checkbox"/>	14. Is building retrofitted for earthquake? (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
6. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA)	<input type="checkbox"/>	<input type="checkbox"/>	15. During the last five years (ten [10] years in RI) has any applicant or household member been indicted or convicted of any crime? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? Reason: _____ <input type="checkbox"/> Open Date closed/discharged: _____	<input type="checkbox"/>	<input type="checkbox"/>	16. Is there any existing fire, water or structural damage?	<input type="checkbox"/>	<input type="checkbox"/>
			17. Is building undergoing renovation or reconstruction? Contractor Name: _____ Completion Date: _____ Completed Value: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Is applicant delinquent on mortgage or tax payments?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is house for sale?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there any animals or exotic pets kept on premises? Breed: _____ Bite History: _____	<input type="checkbox"/>	<input type="checkbox"/>	19. Is property within three hundred (300) ft. of a commercial or non-residential property?	<input type="checkbox"/>	<input type="checkbox"/>
			20. Is there a trampoline on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any lake, pond or dock on premises?	<input type="checkbox"/>	<input type="checkbox"/>	21. Was the structure originally built for other than a private residence and then converted?	<input type="checkbox"/>	<input type="checkbox"/>

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REMARKS (Attach additional sheets if more space is required)

ADDITIONAL INTEREST

INT No.:	Type Of Interest	Mortgagee Information	Loan Number:
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest <input type="checkbox"/> Trust	Name: Address: City: ST: Zip:	
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Additional Interest <input type="checkbox"/> Trust	Name: Address: City: ST: Zip:	

ADDITIONAL REQUIREMENTS/ATTACHMENTS

<input type="checkbox"/> Inspection	<input type="checkbox"/> Protection Class 9/10 Questionnaire	<input type="checkbox"/> Inland Marine Supplemental Application	<input type="checkbox"/> Replacement Cost Estimator
<input type="checkbox"/> Photographs	<input type="checkbox"/> Woodstove Questionnaire/Photos (2)	<input type="checkbox"/> In-Home Business Supplemental Questionnaire	

CLOSING STATEMENT

I have received and read a copy of the "Nationwide Insurance Privacy Statement" as required by the Fair Credit Reporting Act. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Nationwide Mutual Insurance Company and/or other members of the Nationwide group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Nationwide group to issue, review, and renew the insurance for which I am applying.

I understand that misrepresentation of information on this application could void some or all of my coverages.

I hereby authorize Nationwide Mutual Insurance Company and/or other members of the Nationwide group of insurance companies to obtain copies of consumer reports, to include but not limited to claims loss history reports for use in rating and/or underwriting of my insurance. I understand that in obtaining these reports, a consumer reporting agency may be used.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

